

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

February 5, 2003

Re: IRO Case # M2-03-0381

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a now 54-year-old male who was moving heavy pipe when he had a sudden onset of back pain. He was taken to the ER and given medications and x-rays. The patient had a history of a 1998 L5-S1 lumbar fusion for spondylolisthesis. The patient's back pain was associated with only episodic lower extremity pain. Discography on 10/2/01 was positive with concordant pain present at the L4-5 level. The L5-S1 level was not evaluated, and the L3-4 level produced no concordant pain. EMGs on 8/26/02 and 9/23/01 were thought to be normal. Interpretation of a lumbar CT scan 8/3/01 was interfered with because of the pedicle screws that were placed at the time of the 1998 fusion. There was some stenosis thought present at both the L3-4 and L4-5 levels, but there was no mention of instability or any mention of a distinct source of discomfort, such as nerve root compression evidence. During an FCE on 1/23/02 the patient stopped before completion

because of increased discomfort in his back.

Requested Service

Lumbar fusion at L4-5

Decision

I agree with the carrier's decision to deny the requested operative procedure.

Rationale

There is no record suggesting instability of the lumbar spine as a source of discomfort, which is a primary reason for fusion. There is no evidence of nerve root compression either on examination or on electrodiagnostic testing, and straight leg raising has been recorded as being negative. The status of the L5-S1 fusion is unclear, and that level could be the source of the patient's difficulty, and it would not be affected by the proposed operation. A 6/27/02 report mentions exploration of L5-S1 with a possible redo fusion. In subsequent reports the only proposed procedure really referred to is the L4-5 fusion. A more thorough evaluation, including flexion and extension views in association with CT myelographic evaluation may be of benefit in coming to conclusions about the patient's overall status related to instability and pain producing mechanisms.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 6th day of February, 2003.